PARK VIEW HEALTH CARE-REHAB PAVILION

725 BUTLER AVENUE, P.O. BOX 10

WINNEBAGO	54985	Phone: (920) 235-510	0	Ownership:	County
Operated from	1/1 To 12/31	l Days of Operation	: 365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	taffed (12/31/03):	99	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/03):	105	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	1/03:	99	Average Daily Census:	99

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups 	\{\bar{\}}		22.2
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	22.2	More Than 4 Years	26.3
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84	16.2 39.4	•	88.9
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	21.2	***********	
Adult Day Health Care Congregate Meals	No Yes	Para-, Quadra-, Hemiplegic Cancer	0.0	95 & Over		Full-Time Equivalent Nursing Staff per 100 Res	
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/03)	
Other Meals	No	Cardiovascular		65 & Over			
Transportation Referral Service	No No	Cerebrovascular Diabetes		 Gender	 ક	RNs LPNs	13.6 7.6
Other Services		Blabetes Respiratory				,	7.0
Provide Day Programming for		Other Medical Conditions		Male		Aides, & Orderlies	69.9
Mentally Ill	No			Female	55.6		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		edicare itle 18			edicaid			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	85	100.0	120	0	0.0	0	14	100.0	170	0	0.0	0	0	0.0	0	99	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		85	100.0		0	0.0		14	100.0		0	0.0		0	0.0		99	100.0

3 1	į				% Needing		Total
Percent Admissions from:	į	Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	18.9	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.7	Bathing	9.1		49.5	41.4	99
Other Nursing Homes	26.4	Dressing	20.2		46.5	33.3	99
Acute Care Hospitals	41.5	Transferring	47.5		33.3	19.2	99
Psych. HospMR/DD Facilities	0.0	Toilet Use	36.4		37.4	26.3	99
Rehabilitation Hospitals	0.0	Eating	49.5		35.4	15.2	99
Other Locations	7.5	******	******	*****	******	******	*****
Total Number of Admissions	53	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	3.0	Receiving Resp	iratory Care	8.1
Private Home/No Home Health	2.0	Occ/Freq. Incontinen	t of Bladder	56.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	33.3	Receiving Suct	ioning	2.0
Other Nursing Homes	10.0				Receiving Osto	my Care	2.0
Acute Care Hospitals	24.0	Mobility			Receiving Tube	Feeding	2.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	17.2	Receiving Mech	anically Altered Diets	44.4
Rehabilitation Hospitals	0.0						
Other Locations	8.0	Skin Care			Other Resident C	haracteristics	
Deaths	56.0	With Pressure Sores		2.0	Have Advance D	irectives	12.1
Total Number of Discharges	į	With Rashes		11.1	Medications		
(Including Deaths)	50 j				Receiving Psyc	hoactive Drugs	87.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Own	ership:	Bed	Size:	Lic	ensure:				
	This	Gove	ernment	100	-199	Ski	lled	Al.	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	용	8	Ratio	왕	Ratio	앙	Ratio	앙	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	94.3	87.8	1.07	87.6	1.08	88.1	1.07	87.4	1.08		
Current Residents from In-County	94.9	86.6	1.10	83.0	1.14	82.1	1.16	76.7	1.24		
Admissions from In-County, Still Residing	58.5	34.3	1.71	19.7	2.97	20.1	2.91	19.6	2.98		
Admissions/Average Daily Census	53.5	71.2	0.75	167.5	0.32	155.7	0.34	141.3	0.38		
Discharges/Average Daily Census	50.5	73.5	0.69	166.1	0.30	155.1	0.33	142.5	0.35		
Discharges To Private Residence/Average Daily Census	1.0	24.3	0.04	72.1	0.01	68.7	0.01	61.6	0.02		
Residents Receiving Skilled Care	100	89.5	1.12	94.9	1.05	94.0	1.06	88.1	1.14		
Residents Aged 65 and Older	77.8	84.0	0.93	91.4	0.85	92.0	0.85	87.8	0.89		
Title 19 (Medicaid) Funded Residents	85.9	74.5	1.15	62.7	1.37	61.7	1.39	65.9	1.30		
Private Pay Funded Residents	14.1	17.8	0.80	21.5	0.66	23.7	0.60	21.0	0.67		
Developmentally Disabled Residents	3.0	2.8	1.09	0.8	3.96	1.1	2.73	6.5	0.47		
Mentally Ill Residents	92.9	55.2	1.68	36.1	2.58	35.8	2.59	33.6	2.77		
General Medical Service Residents	2.0	17.5	0.12	22.8	0.09	23.1	0.09	20.6	0.10		
Impaired ADL (Mean)	47.7	49.3	0.97	50.0	0.95	49.5	0.96	49.4	0.96		
Psychological Problems	87.9	68.8	1.28	56.8	1.55	58.2	1.51	57.4	1.53		
Nursing Care Required (Mean)	9.0	7.4	1.22	7.1	1.27	6.9	1.30	7.3	1.22		